

MAPS
3/03

MAIL REPORTS TO:
Iowa Department of Transportation
Office of Driver Services
P.O. Box 9204
Des Moines, Iowa 50306-9204



Iowa Department of Transportation INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
20120011437

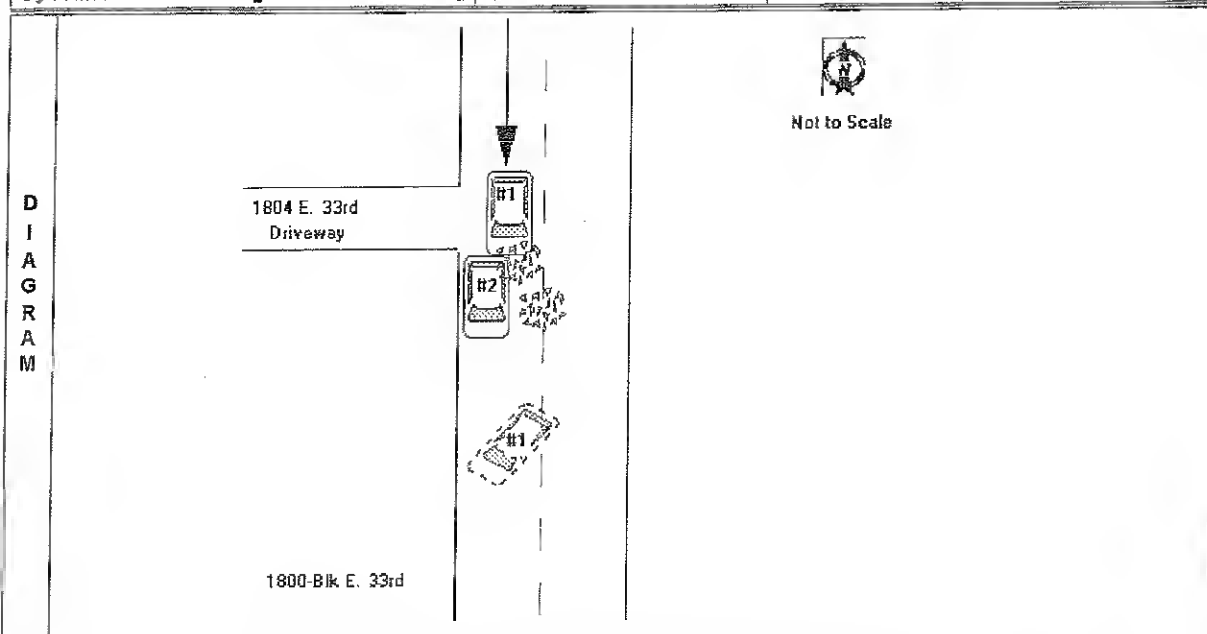
Legal Intervention? ☐ Private Property? ☐

L O C A T I O N	Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)
	04/18/2012	06:07 Hrs	Polk - 77	Des Moines - 1945
	If accident occurred outside of city limits show general vicinity: "N/A" of nearest city "N/A"			
	On Road, Street, or Highway: "N/A"		At Intersection with: "N/A"	
	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.			
	Distance	Direction	Distance	Direction
	"N/A"	"N/A"	"N/A"	"N/A"
	Milepost Number "N/A" Or Definable intersection, bridge, or railroad crossing "N/A"			
	Location Literal Description: E 33RD ST MEASURING 239 FEET SOUTH FROM E 33RD ST			
	X-Coordinate: 00454049			
	Y-Coordinate: 04606558			
	If Divided Highway, Provide Route (Cardinal) Travel Direction "N/A"			

U N I T 001	Driver's Name - Last		First		Middle		Suffix	Home/Cell Phone	
	SINGLETON		BRANDON		LEE				
	Address		City		State		Zip		
	25 E. 1ST ST		DES MOINES		IA		50309		
	Date of Birth	Driver's License Number		Citation Charge Code 1		Citation Charge 1			
	11/13/1983								
	Gender	State	Class	Endorsements	Restrictions	Citation Charge Code 2		Citation Charge 2	
	Male	IA	C	NDNE	NDNE				
	Alcohol Test Given?	Test Results:	Drug Test Given?	Test Results:	Citation Charge Code 3		Citation Charge 3		
	1 - None		1 - None						
	Citation Charge Code 4		Citation Charge 4						
	Seating Position 01		Injury Status 4	Occupant Protection 2	Airbag Deployment 1	Airbag Switch Status 3	Ejection 1	Ejection Path 1	Trapped 1
	Transported to:				Transported by: SGT. WELLMAN - DMPD				
	Owner's Name - Last		First		Middle		Suffix	Owner Company Name	
	CITY OF DES MOINES		CITY		D				
Address		City		State		Zip			
400 ROBERT D RAY DR		DES MOINES		IA		50309			
Insurance Co. Name		Insurance Policy #		License Plate #		State	Year		
SELF INSURED				113730		IA	1999		
VIN No.	Year	Make	Model	Style	Tow #	Approximate Cost to Repair or Replace			
2FAHP71V79X140147	2009	Ford - FORD	CRDWN VIC POLI	4D	YES				
Initial Travel Direction 3	Vehicle Action 01	Speed Limit 30	Point of Initial Impact 01	Most Damaged Area 01	Extent of Damage 4	Underride/Override 1	Private? <input checked="" type="checkbox"/> \$3,500.00		
Total Occupants 1	Traffic Controls 01	Vehicle Config. 01	Cargo Body Type 01	Vehicle Defect 01	Driver Condition 1	Vision Obscured 01	Contributing Circumstances, Driver (up to two) 08		
SEQUENCE OF EVENTS		First Event 21	Second Event	Third Event	Fourth Event	Most Harmful Event (by vehicle) 21			
Commercial Trailer License Plate #	Attached to Power Unit:	State	Year	Attached to Trailer Unit:	State	Year	Emergency Vehicle Type 2		
Carrier Name		Address		City		State Zip			
US DOT # or MC #		Number of Axles		Gross Vehicle Weight Rating		Placard #			
						Hazardous Materials Released?			

U N I T 002	Driver's Name - Last		First		Middle		Suffix	Home/Cell Phone	
	BRACKEN		KATRINA		A				
	Address		City		State		Zip		
	1804 E 33RD ST		DES MOINES		IA		50317		
	Date of Birth	Driver's License Number		Citation Charge Code 1		Citation Charge 1			
	Gender	State	Class	Endorsements	Restrictions	Citation Charge Code 2		Citation Charge 2	
				NDNE	NDNE				
	Alcohol Test Given?	Test Results:	Drug Test Given?	Test Results:	Citation Charge Code 3		Citation Charge 3		
	Citation Charge Code 4		Citation Charge 4						
	Seating Position		Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
	Transported to:				Transported by:				
	Owner's Name - Last		First		Middle		Suffix	Owner Company Name	
	BRACKEN		KATRINA		A				
Address		City		State		Zip			
1804 E 33RD ST		DES MOINES		IA		50317			
Insurance Co. Name		Insurance Policy #		License Plate #		State	Year		
				226XAF		IA	2013		
VIN No.	Year	Make	Model	Style	Tow #	Approximate Cost to Repair or Replace			
	2010	Subaru - SUBA	LEGACY 2.5I LT	4D	YES				
Initial Travel Direction 3	Vehicle Action 12	Speed Limit 30	Point of Initial Impact 05	Most Damaged Area 05	Extent of Damage 4	Underride/Override 1	Private? <input type="checkbox"/> \$3,000.00		
Total Occupants 0	Traffic Controls 01	Vehicle Config. 01	Cargo Body Type 01	Vehicle Defect 01	Driver Condition 8	Vision Obscured	Contributing Circumstances, Driver (up to two) 28		
SEQUENCE OF EVENTS		First Event 23	Second Event	Third Event	Fourth Event	Most Harmful Event (by vehicle) 23			
Commercial Trailer License Plate #	Attached to Power Unit:	State	Year	Attached to Trailer Unit:	State	Year	Emergency Vehicle Type 1		
Carrier Name		Address		City		State Zip			
US DOT # or MC #		Number of Axles		Gross Vehicle Weight Rating		Placard #			
						Hazardous Materials Released?			

ACCIDENT ENVIRONMENT			ROADWAY CHARACTERISTICS Major Contributing Circumstances:		WORKZONE RELATED?	SEQUENCE OF EVENTS
Location of First Harmful Event	1	Weather Conditions (up to two)	06	Environment	1	Location
Manner of Crash/Collision	3	Surface Conditions	2	Roadway	01	Type
Light Conditions	2			Type of Roadway Junction/Feature	01	Workers Present?
						First Harmful Event of Crash (use codes 11-42 only)
						21



NARRATIVE

Describe what happened (refer to vehicles by number)

UNIT #1 WAS RESPONDING TO A CALL FOR SERVICE SOUTHBOUND WHEN IT REARENDED UNIT #2 WHICH WAS LEGALLY PARKED. THE DRIVER OF UNIT #1 INDICATED IT HAD JUST BEGUN RAINING AND HE HAD NOT YET TURNED ON HIS WIPERS.

WITNESSES	Witness Name - Last	First	Middle	Suffix
	BEERY	JASON	PAUL	
	Address		City	State
	1804 E. 33RD		DES MOINES	IA
	Home/Cell Phone #		Work Phone #	
	[REDACTED]			
Officer		Badge No.	Time Officer Notified of Accident	
BEMINIO, ANTHONY		5030	06:16	
Name of Agency		Date of Report	Investigation made at scene?	T.I. #
Des Moines Police Department		04/18/2012	Yes	
Report Reviewed By:		Date Reviewed	Agency Specific	Other Technical Investigation Agency

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number:	20120011437	Legal Intervention:	NO	At Intersection with:	"N/A"
Date of Acc:	04/18/12	Private Property:	NO	Div HWay Trvl Dir:	"N/A"
Time of Acc:	06:07 Hrs.	County:	POLK - 77	Distance 1:	"N/A"
Name of Agency:	OES MOINES POLICE	Acc Loc City:	OES MOINES - 1945	Direction 1:	"N/A"
	DEPARTMENT	Acc Dir From City:	"N/A"	Distance 2:	"N/A"
Officer:	BEMINIO, ANTHONY	Closest City:	"N/A"	Direction 2:	"N/A"
Badge #:	5030	Miles From City:	"N/A"	X-Coordinate:	00454049
Report Date:	04/18/2012	Road, Street, HWay:	"N/A"	Y-Coordinate:	04606558
Officer Notified:	06:16 Hrs.	Definable Location:	"N/A"	Location Literal:	E 33RO ST MEASURING 239
Officer Arrived:	06:32 Hrs.	Milepost Number:	"N/A"	Description:	FEET SOUTH FROM E 33RO ST
Scene Investigated:	YES				

Unit 001

Driver Name - Last:	SINGLETON	Towing:	YES	Injury Status:	4 - POSSIBLE
First:	BRANON	Initial Trvl Dir:	3 - SOUTH	Transported to:	
Middle:	LEE	Vision Obscured:	01 - NOT OBSCURED	Transported by:	SGT. WELLMAN - OMPO
Address:	25 E. 1ST ST	Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	2 - POLICE
City:	OES MOINES	Point of Init	01 - FRONT	Emergency Status:	2 - NO, NOT IN EMERGENCY
State:	IA	Impact:		Cont. Circum., Drvr:	08 - LOST CONTROL
Zip:	50309	Most Damaged	01 - FRONT	Carrier Name:	
Suffix:		Area:		Carrier Address:	
Gender:	MALE	Undrrid/Ovrid:	1 - NONE	Carrier City:	
Age:	28	Rpr/Rpic Cost:	\$3,500.00	Carrier State:	
License State:	IA	Ext of Damage:	4 - DISABLING DAMAGE	Carrier Zip:	
License Class:	C	First Event:	21 - VEHICLE IN TRAFFIC	Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Second Event:		Number of Axles:	
License Restrictions:	NONE	Third Event:		HazMat Released?:	
Speed Limit:	30	Fourth Event:		GVWR:	
Seating Position:	01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER	Most Harmful	21 - VEHICLE IN TRAFFIC	Placard #:	
Driver Condition:	1 - APPARENTLY NORMAL	Event:		Cit Chrg Code 1:	
Alcohol Test Given:	NO	Abg Switch Stat:	3 - NO ON/OFF SWITCH PRESENT	Citation Charge 1:	
Drug Test Given:	NO	Abg Deploy:	1 - DEPLOYED FRONT OF PERSON	Cit Chrg Code 2:	
Total Occupants:	1	Trapped:	1 - NOT TRAPPED	Citation Charge 2:	
Vehicle Year:	2009	Ejection:	1 - NOT EJECTED	Cit Chrg Code 3:	
Vehicle Make:	FORO - FORO	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE	Citation Charge 3:	
Vehicle Model:	CROWN VIC POLI	Occpnt Protect:	2 - SHOULDER AND LAP BELT USED	Cit Chrg Code 4:	
Vehicle Style:	40			Citation Charge 4:	
Vehicle Config:	01 - PASSENGER CAR				
Vehicle Defect:	01 - NONE				
Vehicle Action:	01 - MOVEMENT ESSENTIALLY STRAIGHT				

Unit 002

Driver Name - Last:		Towing:	YES	Injury Status:	
First:		Initial Trvl Dir:	3 - SOUTH	Transported to:	
Middle:		Vision Obscured:		Transported by:	
Address:		Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	1 - NOT APPLICABLE
City:		Point of Init	05 - REAR	Emergency Status:	3 - NOT APPLICABLE
State:		Impact:		Cont. Circum., Drvr:	28 - NO IMPROPER ACTION
Zip:		Most Damaged	05 - REAR	Carrier Name:	
Suffix:		Area:		Carrier Address:	
Gender:		Undrrid/Ovrid:	1 - NONE	Carrier City:	
Age:		Rpr/Rpic Cost:	\$3,000.00	Carrier State:	
License State:		Ext of Damage:	4 - DISABLING DAMAGE	Carrier Zip:	
License Class:		First Event:	23 - PARKED MOTOR VEHICLE	Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Second Event:		Number of Axles:	
License Restrictions:	NONE	Third Event:		HazMat Released?:	
Speed Limit:	30	Fourth Event:		GVWR:	
Seating Position:		Most Harmful	23 - PARKED MOTOR VEHICLE	Placard #:	
Driver Condition:	8 - OTHER (EXPLAIN IN NARRA	Event:		Cit Chrg Code 1:	
Alcohol Test Given:		Abg Switch Stat:		Citation Charge 1:	
Drug Test Given:		Abg Deploy:		Cit Chrg Code 2:	
Total Occupants:	0	Trapped:		Citation Charge 2:	
Vehicle Year:	2010	Ejection:		Cit Chrg Code 3:	
Vehicle Make:	SUBARU - SUBA	Ejection Path:		Citation Charge 3:	
Vehicle Model:	LEGACY 2.5I LT	Occpnt Protect:		Cit Chrg Code 4:	
Vehicle Style:	40			Citation Charge 4:	
Vehicle Config:	01 - PASSENGER CAR				
Vehicle Defect:	01 - NONE				
Vehicle Action:	12 - LEGALLY PARKED				

Accident Environment

First Harmful Event Loc: 1 - ON ROADWAY
Manner of Crash/Collision: 3 - REAR-END
Light Conditions: 2 - DUSK
Weather Conditions: 06 - RAIN

Surface Conditions: 2 - WET

First Harmful Evt of Crash: 21 - VEHICLE IN TRAFFIC

Roadway Characteristics

Environment: 1 - NONE APPARENT
Roadway: 01 - NONE APPARENT
Type of Road Junc/Feat: 01 - NO SPECIAL FEATURE

Workzone Related: NO

Location:

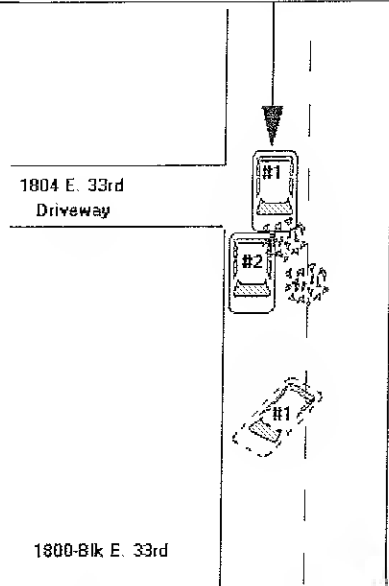
Type:

Workers Present:

Narrative

UNIT #1 WAS RESPONDING TO A CALL FOR SERVICE SOUTHBOUND WHEN IT REARENDED UNIT #2 WHICH WAS LEGALLY PARKED. THE DRIVER OF UNIT #1 INDICATED IT HAD JUST BEGUN RAINING AND HE HAD NOT YET TURNED ON HIS WIPERS.

Diagram



Not to Scale